

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NORTHWELL HEALTH FOUNDATION
% NORTHWELL HEALTH INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
972 BRUSH HOLLOW ROAD 5TH FL
City or town, state or province, country, and ZIP or foreign postal code
WESTBURY, NY 11590

D Employer identification number
11-2965575
E Telephone number
(516) 321-6058
G Gross receipts \$ 151,182,228

F Name and address of principal officer
MICHAEL J DOWLING
2000 MARCUS AVE
NEW HYDE PARK, NY 11042

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.NORTHWELL.EDU

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1988

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDATION'S MISSION IS TO SOLICIT, RECEIVE AND ADMINISTER FUNDS TO BE USED FOR MAJOR MODERNIZATION AND OTHER HEALTH CARE RELATED SERVICES FOR NORTHWELL HEALTH, INC

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	146
4 Number of independent voting members of the governing body (Part VI, line 1b)	131
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	101
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	96,465,809	104,128,656
9 Program service revenue (Part VIII, line 2g)	0	0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,688,147	3,417,498	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,637,660	-1,783,965	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,516,296	105,762,189	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,183,182	54,025,846	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,233,324	15,832,362	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,279,131			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,085,338	11,144,650	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,501,844	81,002,858	
19 Revenue less expenses Subtract line 18 from line 12	29,014,452	24,759,331	
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	262,408,626	328,438,650
	21 Total liabilities (Part X, line 26)	9,801,995	41,753,552
22 Net assets or fund balances Subtract line 21 from line 20	252,606,631	286,685,098	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer _____ Date 2018-11-01
MICHELE L CUSACK SVP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name _____ Preparer's signature _____ Date _____
Check if self-employed PTIN _____
Firm's name ▶ _____ Firm's EIN ▶ _____
Firm's address ▶ _____ Phone no _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

NORTHWELL HEALTH FOUNDATION INC IS DEDICATED TOWARD HELPING DONORS, PATIENTS, AND LEADERS LINK THEIR VISION AND PHILANTHROPIC SUPPORT TOWARD HELPING THE UNDERSERVED AND UNINSURED, ADVANCING THE LATEST FRONTIERS IN MEDICAL TECHNOLOGY AND RESEARCH, OR PROVIDING CRITICAL FINANCIAL SUPPORT FOR NEW FACILITIES AND PROGRAMS WITHIN NORTHWELL HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 54,025,846 including grants of \$ 0) (Revenue \$ 104,128,656)
See Additional Data



















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 54,025,846

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (146), 1b (131), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List states: CT, FL, MA, NJ, NY, PA, RI), 18 (Own website, Another's website, Upon request, Other), 19 (Describe in Schedule O), 20 (State name, address, and telephone number: NORTHWELL HEALTH INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 (516) 321-6058).

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	7,462,062				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	96,666,594				
	g Noncash contributions included in lines 1a-1f \$ _____		1,575,787				
	h Total. Add lines 1a-1f			104,128,656			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0			
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			-901,656		-901,656	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	46,483,264	42,164,110			
		d Net gain or (loss)	4,319,154		4,319,154		
	8a Gross income from fundraising events (not including \$ 7,072,736 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses		1,471,889			
		c Net income or (loss) from fundraising events		3,255,929	-1,784,040		
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses			0				
c Net income or (loss) from gaming activities			0	0			
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold		0				
	c Net income or (loss) from sales of inventory		0	0			
Miscellaneous Revenue	Business Code						
11a OTHER INCOME			75	75			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			75				
12 Total revenue. See Instructions			105,762,189	75		-901,656	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	54,025,846	54,025,846		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,867,069		410,468	1,456,601
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	10,915,140		2,399,652	8,515,488
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	939,069		206,451	732,618
9 Other employee benefits.	1,403,415		308,535	1,094,880
10 Payroll taxes.	707,669		155,578	552,091
11 Fees for services (non-employees)				
a Management.	164,054		36,067	127,987
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	139,526		30,674	108,852
12 Advertising and promotion.	80,101		17,610	62,491
13 Office expenses.	1,253,669		275,614	978,055
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	426,854		93,842	333,012
17 Travel.	192,195		42,253	149,942
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,805,175		396,861	1,408,314
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	147,839		147,839	
23 Insurance.	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	333,344		73,284	260,060
b OTHER PURCHASED SERVICES	4,756,653			4,756,653
c CENTRALIZED ADMIN EXP	894,034		894,034	
d OTHER EXPENSES	951,206		209,119	742,087
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	81,002,858	54,025,846	5,697,881	21,279,131
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	34,718,927	2	42,191,703
	3 Pledges and grants receivable, net	131,285,583	3	180,843,769
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	547,081	9	828,221
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,109,916		
	b Less accumulated depreciation	965,089		
		1,168,500	10c	1,144,827
	11 Investments—publicly traded securities	83,517,596	11	102,984,875
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	11,170,939	15	445,255	
16 Total assets. Add lines 1 through 15 (must equal line 34)	262,408,626	16	328,438,650	
Liabilities	17 Accounts payable and accrued expenses	2,664,100	17	18,789,233
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,137,895	25	22,964,319
	26 Total liabilities. Add lines 17 through 25	9,801,995	26	41,753,552
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	35,257	27	-153,483
	28 Temporarily restricted net assets	171,163,436	28	193,557,872
	29 Permanently restricted net assets	81,407,938	29	93,280,709
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	252,606,631	33	286,685,098
	34 Total liabilities and net assets/fund balances	262,408,626	34	328,438,650

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,762,189
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,002,858
3	Revenue less expenses Subtract line 2 from line 1	3	24,759,331
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,606,631
5	Net unrealized gains (losses) on investments	5	7,072,446
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,246,690
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	286,685,098

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 11-2965575

Name: NORTHWELL HEALTH FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

The Foundation raises funds for the expansion, modernization, and medical care for the affiliated health care organizations within Northwell Health

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J DOWLING PRESIDENT & CEO	00 50	X		X				0	4,041,927	54,840
RALPH NAPPI TRUSTEE	50 00	X						995,438	0	48,848
RICHARD D GOLDSTEIN SR VICE CHAIRMAN	00 20	X		X				0	0	0
WILLIAM L MACK CO-CHAIRMAN	00 30	X		X				0	0	0
ALAN I GREENE TREASURER	00 20	X		X				0	0	0
DONALD ZUCKER SR VICE CHAIRMAN	00 20	X		X				0	0	0
ROBERT D ROSENTHAL VICE CHAIRMAN	00 20	X		X				0	0	0
ROGER A BLUMENCRANZ SECRETARY	00 20	X		X				0	0	0
ROY J ZUCKERBERG SR VICE CHAIRMAN	00 20	X		X				0	0	0
LLOYD M GOLDMAN VICE CHAIRMAN	00 20	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY RUBENSTEIN VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
NON-COMPENSATED TRUSTEES SEE SCHEDULE O	0 0 2 0	X						0	0	0
SAUL KATZ SR VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
MARK CLASTER CO-CHAIRMAN	0 0 3 0	X		X				0	0	0
ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER	0 0 50 0			X				0	1,649,071	48,848
HARRY GINDI ASSISTANT SECRETARY	0 0 50 0			X				0	356,152	48,821
LAURA PEABODY SVP, CHIEF LEGAL COUNSEL	0 0 50 0			X				0	1,058,897	222,944
BRIAN LALLY SVP, CHF DEVELOPMENT OFFICER	50 0 0 0			X				871,631	0	248,897
MICHELE CUSACK SVP & CFO	0 0 50 0			X				0	1,071,679	149,487
LAURENCE KRAEMER SVP, Interim Chf Lgl Of	0 0 50 0			X				0	879,404	58,123

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK GLOADE SVP Deputy General Counsel	0 0 50 0			X				0	576,726	58,123
ROBERT CASTANO VP DEVELOPMENT	50 0 0 0					X		356,755	0	58,123
ROBERT LANE VP, PRINCIPAL GIFTS	50 0 0 0					X		406,739	0	39,574
ANDREA DOWD VP DEVELOPMENT	50 0 0 0					X		349,097	0	48,848
SOUZAN HANNA VP, FOUNDATION OPS	50 0 0 0					X		341,155	0	58,123
ANASTASIOS KOZAITIS VP, Development	50 0 0 0					X		420,965	0	58,123
CECELIA FULLAM FORMER SR PHILANTHROPIC ADV	0 0 0 0						X	220,697	0	5,595

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	62,765,761	66,507,341	51,931,394	96,465,809	104,128,656	381,798,961
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	62,765,761	66,507,341	51,931,394	96,465,809	104,128,656	381,798,961
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						60,819,247
6 Public support. Subtract line 5 from line 4						320,979,714

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	62,765,761	66,507,341	51,931,394	96,465,809	104,128,656	381,798,961
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,315,457	2,628,737	1,290,884	1,787,289	3,417,498	12,439,865
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					75	75
11 Total support. Add lines 7 through 10						394,238,901

12 Gross receipts from related activities, etc (see instructions) **12** -8,602,002

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	81.418 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	87.106 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 14946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 14943 because of section 14943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 11-2965575

Name: NORTHWELL HEALTH FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,858,499	62,217,735	50,810,521	49,249,717	40,197,836
b Contributions	11,261,900	16,280,813	12,428,941	744,037	4,995,030
c Net investment earnings, gains, and losses	9,181,340	3,414,485	-290,522	1,515,078	4,709,654
d Grants or scholarships					
e Other expenditures for facilities and programs	1,242,701	1,054,534	731,205	698,311	652,803
f Administrative expenses					
g End of year balance	100,059,038	80,858,499	62,217,735	50,810,521	49,249,717

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,619		89,619
b Buildings		712,896	321,877	391,019
c Leasehold improvements		9,695	2,424	7,271
d Equipment		1,257,731	630,332	627,399
e Other		39,975	10,456	29,519
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,144,827

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
INSURANCE CLAIMS PAYABLE	23,361
OTHER LIABILITIES	22,940,958
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	22,964,319

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	119,166,902
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	7,072,446
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	6,332,267
e	Add lines 2a through 2d	2e	13,404,713
3	Subtract line 2e from line 1	3	105,762,189
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	105,762,189

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	84,938,556
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	4,085,577
e	Add lines 2a through 2d	2e	4,085,577
3	Subtract line 2e from line 1	3	80,852,979
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	149,879
c	Add lines 4a and 4b	4c	149,879
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	81,002,858

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 11-2965575

Name: NORTHWELL HEALTH FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4 - INTENDED USE OF ENDOWMENTS	There are various components that encompass the Endowment Fund. In general, their intended use is for teaching, research and training, major modernization, and purchases of equipment.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2 - FIN 48	<p>Certain entities included in Northwell's consolidated financial statements are taxable entities under Federal or state laws. U.S. generally accepted accounting principles require that the asset and liability method of accounting for income taxes be utilized by these organizations and for unrelated business activities for the tax-exempt entities. Under the asset and liability method, deferred income taxes are recognized for the tax consequences of temporary differences by applying enacted statutory tax rates applicable to future years to differences between the financial statement carrying amounts and the tax basis of existing assets and liabilities. The effect on deferred taxes of a change in tax rates is recognized in income in the period of enactment. At December 31, 2017 and 2016, Northwell has a deferred income tax asset of approximately \$123,000,000 and \$142,000,000, respectively, both of which have been fully offset by a related valuation allowance. A valuation allowance is provided when it is more likely than not that some portion or all of the deferred tax asset will not be realized. Significant components of the deferred tax asset relate to the allowance for doubtful accounts and net operating loss carryforwards. Certain entities have net operating loss carryforwards aggregating approximately \$573,000,000, which expire in varying amounts through 2037, and are available to offset future taxable income.</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - REVENUE RECONCILIATION	AMOUNTS ON BOOK NOT ON RETURN SPECIAL EVENTS EXPENSE RECLASSIFIED 3,255,929 INTERCOMPANY REVENUE 3,140,563 NET ASSETS RELEASED (64,225) TOTAL 6,332,267

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - EXPENSE RECONCILIATION	AMOUNTS ON BOOK NOT ON RETURN SPECIAL EVENTS EXPENSE RECLASSIFIED 3,255,929 INTERCOMPANY EXPENSE 829,648 TOTAL 4,085,577 AMOUNTS ON RETURN NOT ON BOOK ADDITIONAL MINIMUM PENSION LIABILITY 149,879

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CONCERT (event type)	GALA (event type)	14 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	2,253,839	2,717,104	3,573,682	8,544,625
2	Less Contributions	1,951,559	2,387,590	2,733,587	7,072,736
3	Gross income (line 1 minus line 2)	302,280	329,514	840,095	1,471,889
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,500	3,410	71,450	98,360
	7 Food and beverages	198,000	198,612	397,117	793,729
	8 Entertainment	640,000	161,500	25,448	826,948
	9 Other direct expenses	422,722	367,606	746,564	1,536,892
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				3,255,929
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,784,040	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10**

3 Enter total number of other organizations listed in the line 1 table **10**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
GENERAL INFORMATION ON GRANTS AND ASSISTANCE	ON A MONTHLY BASIS THE FOUNDATION DISTRIBUTES THE COLLECTIONS OF SPECIAL PURPOSY FUNDS ("SPF"), RESEARCH AND A BUDGETED AMOUNT OF SUPPORT FOR RESEARCH OPERATIONS THE SPF IS THEN ALLOCATED TO EACH GRANT AND SPENDING OF THESE GRANTS WOULD BE BASED ON CHECK REQUESTS WITH PROPER APPROVAL ENDOWMENT COLLECTIONS ARE DISTRIBUTES TO THE APPROPRIATE SITE AS COLLECTED AND THERE WOULD BE NO SPENDING OF THE PRINCIPAL CAPITAL DISTRIBUTES ARE BASED ON SPECIFIC REQUESTS AND ARE DISTRIBUTES AFTER THE FUNDS HAVE BEEN SPENT

Additional Data

Software ID:
Software Version:
EIN: 11-2965575
Name: NORTHWELL HEALTH FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-2241326	501(C)(3)	5,931,166				GENERAL SUPPORT
NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW ORD WESTBURY, NY 11590	11-1562701	501(C)(3)	6,507,376				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-1667761	501(C)(3)	13,359,390				GENERAL SUPPORT
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-2673595	501(C)(3)	14,787,094				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEN COVE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-1633487	501(C)(3)	155,553				GENERAL SUPPORT
LENOX HILL HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590	13-1624070	501(C)(3)	12,172,539				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWELL HEALTHCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-2296824	501(C)(3)	970,000				GENERAL SUPPORT
HUNTINGTON HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-3241243	501(C)(3)	13,910				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWELL HEALTH STERN FAMILY CECR 972 BRUSH HOLLOW RD WESTBURY, NY 11590	23-7007485	501(C)(3)	43,844				GENERAL SUPPORT
HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH CENTER 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-3368503	501(C)(3)	84,974				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	Certain individuals participate in a Supplemental Executive Retirement Plan ("SERP") which is subject to substantial risk of complete forfeiture. Accordingly, the individual may never actually receive the unvested benefit amount and the amounts outlined herein were properly not reported in each individual's Form W-2, Box 5. These amounts are included in Schedule J, Column C for Brian Lally (\$200,076), Michele Cusack (\$91,406) and Laura Peabody (\$174,236).
PART I, LINE 7 - BONUS AND INCENTIVE COMPENSATION	In Form 990, Part VII, Section A, line 1A, the organization may provide non-fixed payments, not described on lines 5 and 6, to certain listed persons. The organization bases such payments on many performance based factors. Payments of this type appear on Schedule J, Part I, B (ii).
PART II, COLUMN (F) - SERP PAYOUT	The amount reported in Schedule J, Part II, Column (F) includes SERP amounts which were previously reported on Form 990, Schedule J, Part II, Column (C) in prior years. In accordance with the IRS instructions, these amounts were originally reported when contributions were made to the SERP plan and are now being reported for a second time upon receipt of distribution from the SERP plan.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROBIN ROSS	FAMILY MEMBER JACK ROSS	211,497	EMPLOYEE		No
(2) CREST HOLLOW COUNTRY CLUB	MEMBER RICHARD MONTI	67,760	CATERING		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	27	2,552,510	MMV Date of Gift
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Stock Sales	Brokereage Firms are used to sell stocks that are donated

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWELL HEALTH FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

11-2965575

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY, LINE 2	<p>All transactions with Northwell Health entities are as follows (1) negotiated at arm's length, (2) all purchases are at fair market value, and (3) all products or services are rendered on an "as needed" basis William Achenbaum has a business relationship with Elise Bloom and Eric and Roger Blumencranz John Alexander has a business relationship with Laura Lauria and Frank Patafio Michael Ashner has a business relationship with William Mack Frank Besignano has a business relationship with Laura Lauria Elise Bloom has a business relationship with William Achenbaum, Leonard Feinstein and Lewis Ranieri Eric Blumencranz has as a family relationship with Roger Blumencranz He has a business relationship with Roger Blumencranz, William Achenbaum, Arlene Fisher, Richard D Goldstein, Alan Greene, Stanley Grey, Richard Horowitz, Jeffrey Jurick, David Katz, Michael Katz, Saul Katz, Arthur Levine, Stuart Levine, David Mack, Peter Marsh, Charles Merinoff, Ralph Nappi, Dennis Riese, Michael Slade, Mark Solazzo, Barbara Hrbek Zucker and Donald Zucker Roger Blumencranz has a family relationship with Eric Blumencranz He has a business relationship with Eric Blumencranz, William Achenbaum, Arlene Fisher, Richard D Goldstein, Alan Greene, Stanley Grey, Richard Horowitz, Jeffrey Jurick, David Katz, Michael Katz, Saul Katz, Arthur Levine, Stuart Levine, David Mack, Peter Marsh, Ralph Nappi, Dennis Riese, Michael Slade, Mark Solazzo, Barbara Hrbek Zucker and Donald Zucker David Blumenfeld has a family relationship with Edward Blumenfeld He has a business relationship with William Mack Edward Blumenfeld has a family relationship with David Blumenfeld He has a business relationship with William Mack Steve Braun has a family relationship with Richard Sims Mark Claster has a business relationship with Robert Rosenthal and Michael Sahn Leonard Feinstein has a business relationship with Elise Bloom and William Mack Arlene Fisher has a business relationship with Eric Blumencranz and Roger Blumencranz Lloyd Goldman has a business relationship with Richard Goldstein and William Mack Richard D Goldstein has a business relationship with Roger Blumencranz, Eric Blumencranz, Lloyd Goldman and Barry Rubenstein Joaquin Gonzalez has a business relationship with John Shall Alan I Greene has a business relationship with Eric Blumencranz and Roger Blumencranz Stanley Grey has a business relationship with Eric Blumencranz and Roger Blumencranz Richard Horowitz has a business relationship with Eric Blumencranz and Roger Blumencranz Jeffrey Jurick has a business relationship with Eric and Roger Blumencranz David Katz has a family relationship with Saul Katz and Michael Katz He has a business relationship with Eric Blumencranz, Roger Blumencranz, Michael Katz, Saul Katz, Seth Lipsay and Robert Rosenthal Michael Katz has a family relationship with Saul Katz and David Katz He has a business relationship with Eric Blumencranz, Roger Blumencranz, David Katz, Saul</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY, LINE 2	<p>Katz, Seth Lipsay, Robert Rosenthal and Michael Slade Saul Katz has a family relationship with Michael Katz and David Katz He has a business relationship with Eric Blumencranz, Roger Blumencranz, David Katz, Michael Katz, Seth Lipsay, F J McCarthy, Robert Rosenthal and Michael Slade Jeffrey Lane has a business relationship with William Mack Laura Lauri a has a business relationship with John Alexander and Frank Besignano Arthur Levine has a business relationship with Eric Blumencranz and Roger Blumencranz Stuart Levine has a business relationship with Eric Blumencranz and Roger Blumencranz Seth Lipsay has a business relationship with David Katz, Michael Katz, Saul Katz and Robert Rosenthal David Mack has a family relationship with William Mack He has a business relationship with William Mack, Roger Blumencranz and Eric Blumencranz William Mack has a family relationship with David Mack He has business relationships with David Mack, Michael Ashner, Eric Blumencranz, Edward Blumenfeld, David Blumenfeld, Leonard Feinstein, Lloyd Goldman, Jeffrey Lane, Barry Rubenstein and Roy Zuckerberg Bradley Marsh has a family relationship with Jack Ross Peter Marsh has a business relationship with Eric Blumencranz and Roger Blumencranz F J McCarthy has a business relationship with Saul Katz, Robert Rosenthal and Emmett Walker Patrick McDermott has a business relationship with John Shall Charles Merinoff has a business relationship with Eric Blumencranz Ralph Nappi has a family relationship with Thomas Nappi He has a business relationship with Eric Blumencranz, Roger Blumencranz and Michael Sahn Thomas Nappi has a family relationship with Ralph Nappi He has a business relationship with Frank Patafio Frank Patafio has a business relationship with John Alexander and Thomas Nappi Lewis Ranieri has a business relationship with Elise Bloom Dennis Riese has a business relationship with Eric Blumencranz and Roger Blumencranz Robert Rosenthal has a business relationship with Mark Claster, David Katz, Michael Katz, Saul Katz, Seth Lipsay, F J McCarthy and Nancy Waldbaum Jack Ross has a family relationship with Bradley Marsh Barry Rubenstein has a business relationship with Richard Goldstein and William Mack Michael Sahn has a business relationship with Mark Claster and Ralph Nappi John Shall has a business relationship with Patrick McDermott, John Alexander, and Joaquin Gonzalez Ric hard Sims has a family relationship with Steve Braun Michael Slade has a business relationship with Eric Blumencranz and Roger Blumencranz, Saul Katz and Michael Katz Mark Solazzo has a business relationship with Eric Blumencranz and Roger Blumencranz Nancy Waldbaum has a business relationship with Robert Rosenthal Emmett Walker has a business relationship with F J McCarthy Barbara Hrbek Zucker has a family relationship with Donald Zucker She has a business relationship with Eric Blumencranz and Roger Blumencranz Donald Zucker has a family relationship with</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY, LINE 2	h Barbara Hrbek Zucker He has a business relationship with Eric Blumencranz and Roger Blu mencranz Roy Zuckerberg has a business relationship with William Mack

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY, LINE 7	This organization is a member of Northwell Health, Inc ("Northwell") Northwell is the sole corporate member of this organization Northwell has the right to elect or appoint members of the organizations governing body and has the right to approve or ratify certain corporate decisions

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B - POLICIES, LINE 11	The annual Return of Organization Exempt From Income Tax (Form 990) for Northwell Health, Inc and Affiliated entities are prepared with input from various departments including Corporate Compliance, Finance, Human Resources, and Legal Before filing the returns, the documents are electronically made available to all trustees through a secure online portal Members of the Executive Committee are then informed the returns are ready for review The Executive Committee, which is a committee made up of members from the Board of Trustees, may exercise all of the authority of the Board of Trustees except as such authority is limited by applicable law and except to the extent, if any, that such authority would be inconsistent with any provision of these By-laws or is limited by any resolution to such effect adopted by the Board of Trustees

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B - POLICIES, LINE 12C	<p>Northwell Health, Inc ("Northwell") has several control mechanisms to mitigate conflicts of interest. Northwells Code of Ethical Conduct contains a detailed section educating individuals about how to avoid potential conflicts of interest. Specifically, our Code of Ethical Conduct requires individuals to conduct Northwell business in a manner that places the interests of Northwell ahead of their personal interests. In addition, Northwell has a Conflicts of Interest Policy Statement further elaborating upon individuals' disclosure and recusal obligations. Individuals that are in a position to influence the business or other decisions of Northwell are required to fill out a conflicts of interest disclosure form on a regular basis. The Corporate Compliance Office reviews all disclosures of possible conflicts, including matters disclosed in any conflicts of interest disclosure report and takes any actions deemed required or appropriate to manage or resolve any actual or potential conflicts of interest. In appropriate cases these disclosures and responsive actions will be reported to Northwells Audit and Corporate Compliance Committee and other applicable committees. In addition, Northwell provides training to individuals on an annual basis regarding conflicts of interest and other compliance related topics. If an individual violates the Code of Ethical Conduct or any related policy such as the Conflicts of Interest Policy Statement, appropriate disciplinary action is taken based upon the facts and circumstances of the situation.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B - POLICIES, LINE 15	<p>The by-laws of Northwell Health, Inc ("Northwell") create a committee of the board with full powers of the board to review and approve the compensation of officers and other key employees. The committee consists of approximately 6 trustees who have no connection to Northwell except as trustees and they have no conflicts as to matters they consider. The committee meets several times a year as needed but always meets in November/December to review and determine officer and key employee compensation for the following year. For purposes of their review the committee considers the recommendations of the CEO for all persons other than the CEO. For purposes of the review each year the committee receives information from an outside independent compensation consultant as to compensation for comparable positions in comparable organizations and makes its decisions on this basis, with the overall objective of paying base salary at the 50th percentile. Any contracts or other compensation for officers or key employees are separately considered and normally only approved after receipt of a "fairness opinion" from the independent consultant. All the work and process of the committee is structured to fall within the applicable safe harbor regulations.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C - DISCLOSURES, LINE 19	CURRENTLY THE ORGANIZATION PROVIDES GOVERNANCE DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A - LINE 1A	<p>William Achenbaum Jacqueline S Harris Richard V Musto,MD Marc S Alessi Aubrey Hawes Ralph A Nappi John W Alexander Ira Hazan Thomas M Nappi Philip S Altheim Lisa Heffernan Raffiq A Nathoo Marvin L Appel Norma J Henriksen Michael I Nolan Patricia Armstrong William O Hiltz Richard B Nye Michael L Ashner Richard A Horowitz Daun Paris Mary Jane Belt Seth R Horowitz Frank P Patafio Frank J Besignano J Gordon Huszagh Sharon Patterson Elise M Bloom M Allan Hyman Arnold S Penner Eric S Blumencranz Richard P Israel John V Raggio Roger A Blumencranz Mark Jacobson Lewis S Ranieri David Blumenfeld Jeffrey Jurick Dennis Riese Edward Blumenfeld Michael Kahn Terry P Rifkin, M D E Steve Braun Nancy Karch Robert F Rose Dayton T Brown, Jr David M Katz Robert A Rosen Michael Caridi Michael Katz Marcie Rosenberg Robert W Chasanoff Saul B Katz Robert D Rosenthal Mark L Claster Lisa A Kaufman Bernard M Rosof, M D Gary A Cohen Romayne Kovach-Berk Jack J Ross Diana F Colgate Cary Kravet Barry Rubenstein Margaret M Crotty Seth Kupferberg Herbert Rubin Daniel M Crown Jeffrey B Lane Michael H Sahn Michael DePalma Curt N Launer Lois C Schlissel Thomas E Dooley Laura Lauria Michael I Schwartz Michael J Dowling David W Lehr John M Shall Robert N Downey Jonathan W Leigh Richard Sims Patrick R Edwards Joan S Levan Richard J Sinni Michael A Epstein Arthur S Levine Michael C Slade Leonard Feinstein Stuart R Levine Phyllis Hill Slater Michael E Feldman Seth Lipsay Hon Robert S Spolzino Arlene Lane Fisher David S Mack Howard D Stave Catherine C Foster William L Mack Rev George W Summers William H Frazier Philip Mancuso Kenneth Taber L Keith Friedlander Linda Manfredi Peter Tilles Eugene B Friedman,MD Rita Marcus Richard S Tretler William J Fritz,PhD Bradley Marsh,DPM Paula D Tropello, EdD Raymond J Furey Peter J Marsh Sandra Tytel Robert J Gaffney Kareem C Massoud Louis Wachtel Sy Garfinkel Jeffrey S Maurer Nancy Waldbaum Peter Gaslow Ronald J Mazzucco Emmett F Walker, Jr Lloyd M Goldman F J McCarthy Richard L Winslow, PhD Richard D Goldstein Patrick F McDermott Peter J Worth J Joaquin Gonzalez Andrew S Mendelson Bruce Yablon Michael Gould David Miller, M D Stanley Zinberg, M D Albert L Granger,DDS Kenneth J Miller Barbara Hrbek Zucker Alan I Greene Richard D Monti Donald Zucker Stanley Grey Patricia A Mulholland Roy J Zuckerberg Paul B Guenther Richard Murcott</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A - LINE 1A, COLUMN (B)	This organization is affiliated with Northwell Health, Inc ("Northwell") The Officers, Directors and Trustees listed on Schedule J hold similar positions with both this organization and other affiliates of Northwell, and they do not separately allocate their time to this organization and such other affiliates The hours shown for all such persons reflect time devoted to Northwell and its affiliates, including this organization For Directors and Trustees, the hours shown reflect the estimated average weekly time For officers, Key Employees and Highest Compensated Employees, the hours shown reflect the weekly hours used when determining compensation payments for services rendered and are, generally, less than the actual weekly hours devoted to Northwell and its affiliates

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9 - RECONCILIATION	AMOUNTS REPORTED SEPARATELY 2,310,915 NET ASSETS RELEASE (64,225) TOTAL CHANGES IN NET ASSETS 2,246,690

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 11-2965575
Name: NORTHWELL HEALTH FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3418133	SUPPORT	NY	501(C)(3)	12, TYPE I	NA		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2965586	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1562701	HOSPITAL	NY	501(C)(3)	3	HCI		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2241326	HOSPITAL	NY	501(C)(3)	3	HCI		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1633487	HOSPITAL	NY	501(C)(3)	3	HCI		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3241243	HOSPITAL	NY	501(C)(3)	3	HCI		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1667761	HOSPITAL	NY	501(C)(3)	3	HCI		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3412370	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2673595	RESEARCH	NY	501(C)(3)	4	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7007485	NURSING HOME	NY	501(C)(3)	9	HCI		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3251128	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2661239	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3473923	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2774102	SUPPORT	NY	501(C)(3)	12, TYPE I	SOUTHSIDE		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7273200	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2171903	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7010468	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		No
972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2113949	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		No
475 SEAVIEW AVE STATEN ISLAND, NY 10305 06-1074604	FUNDRAISING	NY	501(C)(3)	7	HCI		No
475 SEAVIEW AVE STATEN ISLAND, NY 10305 11-2868878	HOSPITAL	NY	501(C)(3)	3	HCI		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g)		
						Yes	No	
360 SEAVIEW AVE STATEN ISLAND, NY 10305 87-0765787	FUNDRAISING	NY	501(C)(3)	7	SIUH		No	
475 SEAVIEW AVE STATEN ISLAND, NY 10305 31-1757254	INACTIVE	NY	501(C)(3)	12, TYPE I	NA		No	
99 SUNNYSIDE BLVD WOODBURY, NY 11797 11-2925757	HOSPICE	NY	501(C)(3)	9	NORTHWELL		No	
270 PARK AVENUE HUNTINGTON, NY 11743 11-1630914	HOSPITAL	NY	501(C)(3)	3	HCI		No	
284 PARK AVENUE GREENLAWN, NY 11740 11-3368503	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		No	
1 EDGEWATER PLAZA 6TH FL STATEN ISLAND, NY 10305 20-0096809	HEALTH CARE	NY	501(C)(3)	12, TYPE I	NA		No	
100 EAST 77TH ST NEW YORK, NY 10021 13-1624070	HEALTH CARE	NY	501(C)(3)	3	HCI		No	
100 EAST 77TH ST NEW YORK, NY 10021 13-3272016	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3284934	GRADUATE SCHO	NY	501(C)(3)	2	RESEARCH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 06-1655704	HEALTH CARE	NY	501(C)(3)	9	LIJ		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3727582	HEALTH CARE	NY	501(C)(3)	3	NORTHWELL		No	
400 SUNRISE HIGHWAY AMITYVILLE, NY 11701 11-2837244	HEALTH CARE	NY	501(C)(3)	3	LHH CORP		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-3146870	LABORATORY	NY	501(C)(3)	3	LABS		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078717	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078531	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078838	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078631	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078426	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-3023019	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1617516	INSURANCE	NY	501(C)(3)	9	HPLAN HOLD		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g)		
						Yes	No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2528627	DSRIP	NY	501(C)(3)	7	NA		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2478147	HOLDING COMP	NY	501(C)(3)	12, TYPE I	HCI		No	
701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-1725076	HOSPITAL	NY	501(C)(3)	3	HCI		No	
701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 27-4416017	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	PHELPS		No	
400 EAST MAIN ST MOUNT KISCO, NY 10549 13-1740118	HOSPITAL	NY	501(C)(3)	3	HCI		No	
400 EAST MAIN ST MOUNT KISCO, NY 10549 13-4067064	FOUNDATION	NY	501(C)(3)	9	NWHA		No	
400 EAST MAIN ST MOUNT KISCO, NY 10549 13-3366748	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NWHA		No	
400 EAST MAIN ST MOUNT KISCO, NY 10549 91-2134215	HOLDING COMP	NY	501(C)(2)	N/A	NWHA		No	
1300 ROANOKE AVE RIVERHEAD, NY 11901 11-1661359	HEALTH CARE	NY	501(C)(3)	3	HCI		No	
972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2544659	DSRIP	NY	APPLIED FOR		NA		No	
540 White Plains Rd Tarrytown, NY 10591 13-1739952	Home Health C	NY	501(C)(3)	10	NW HEALTHCAR		No	
540 White Plains Rd Tarrytown, NY 10591 13-3882602	Hospice Care	NY	501(C)(3)	10	VNA Hudson		No	
540 White Plains Rd Tarrytown, NY 10591 13-3690105	Home Health C	NY	501(C)(3)	10	VNA Hudson		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377679	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 22-3970667	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1617561	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	SSIDE		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1382916	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LIJMC		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377825	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LENOX HILL		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4539584	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-3149464	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2886776	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-4384049	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-5746956	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4447289	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		No
972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377760	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	lenox hill		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3316922	HOLDING COMPA	NY	NORTHWELL	C					No
REGIONCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3052191	HEALTHCARE	NY	NSHS ENT	C					No
NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 06-1605319	HOLDING COMPA	NY	NSHS ENT	C					No
CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3336381	BUSINESS SERV	NY	NSH ENT	C					No
REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE 41 CEDAR AVE HAMILTON, BERMUDA HM 12 BD 000000000	INSURANCE	BD	HCI	C					No
Northwell Health Regional Alliance Inc 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3651575	SUPPORT SERVI	NY	NORTHWELL	C					No
NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533659	HEALTH CARE	NY	LIJ	C					No
NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533670	HEALTH CARE	NY	LIJ	C					No
NORTH SHORE IPA 5 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3383468	BUSINESS SERV	NY	HCI	C					No
NORTH SHORE-LIJ NETWORK INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 32-0257193	SUPPORT	NY	NORTHWELL	C					No
SIUH PERINATOLOGY PC 475 SEAVIEW AVE STATEN ISLAND, NY 10305 13-4107082	MEDICAL SERVI	NY	SIUH	C					No
UNITED MEDICAL SURGICAL PC 256 MASON AVE STATEN ISLAND, NY 10305 13-4038780	MEDICAL SERVI	NY	SIUH	C					No
NS-LIJ MEDICAL GROUP AT SYOSSET PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-3957752	MEDICAL SERVI	NY	NSUH	C					No
NS-LIJ MEDICAL GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384249	MEDICAL SERVI	NY	NSUH	C					No
NS-LIJ MEDICAL GROUP AT NORTH NASSAU PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384146	MEDICAL SERVI	NY	NSUH	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NORTH SHORE-LIJ PHYSICIANS GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384326	MEDICAL SERVI	NY	NSUH	C					No
LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY 186 EAST 76TH ST 2ND FL NEW YORK, NY 10021 20-8784395	MEDICAL SERVI	NY	LENOX	C					No
LENOX HILL PATHOLOGY PC 100 EAST 77TH ST NEW YORK, NY 10021 13-3644370	MEDICAL SERVI	NY	LENOX	C					No
VIVOHEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-4118016	MEDICAL SERVI	NY	NSH ENTERPRISES	C					No
AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-0701489	MEDICAL SERVI	NY	RESEARCH	C					No
NS-LIJ INTERNAL MEDICINE AT LYNBROOK PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-3475908	MEDICAL SVC	NY	NSUH	C					No
NSLIJ INTERNAL MEDICINE AT NEW HYDE PARK 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2822879	MEDICAL SVC	NY	NSUH	C					No
CARECONNECT INSURANCE COMPANY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2270382	INSURANCE	NY	GROUP HOLDING	C					No
LENOX HILL HOSPITAL MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-2661543	MEDICAL SERVI	NY	LENOX	C					No
NS-LIJ OCCUPATIONAL MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-1004103	MEDICAL SERVI	NY	NSUH	C					No
NORTH SHORE MEDICAL ACCELERATOR PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2945979	MEDICAL SERVI	NY	NSUH	S					No
TRUE NORTH HEALTH PHARMACY INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-1020508	PHARMACY	NY	NSHS ENTERPRISE	C					No
NS-LIJ CARECONNECT INSURANCE AGENCY INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-1994548	INSURANCE AGE	NY	GROUP HOLDING	C					No
CARECONNECT GROUP HOLDING COMPANY INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2478692	HOLDING COMPA	NY	HPLAN HOLDING	C					No
NORTH SHORE-LIJ URGENT CARE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-1758444	MEDICAL SERVI	NY	NSUH	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Wellbridge Psychiatry PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-5495054	MEDICAL SERVI	NY	NSUH	C					No
NORTH SHORE-LIJ OPHTHALMOLOGY INSTITUTE 972 BRUSH HOLLOW RD WESTBURY, NY 11590 30-0930851	INACTIVE	NY	NSUH	C					No
PHELPS REALTY CORP 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-3645135	REAL ESTATE	NY	PHELPS	C					No
NWHC HEALTH MANAGEMENT SERVICES INC 400 EAST MAIN ST MOUNT KISCO, NY 10549 13-3697510	HEALTH MGMT	NY	NORCORP	C					No
NORTHERN WESTCHESTER SURGICAL SERVICES 400 EAST MAIN ST MOUNT KISCO, NY 10549 27-4550915	MEDICAL SVCS	NY	NWHA	C					No
NS-LIJ OB-GYN AT NEW HYDE PARK PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-3722278	MEDICAL SVCS	NY	NSUH	C					No
Community Drive Surgery PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 82-1672429	MEDICAL SVCS	NY	NSUH	C					
MARCUS AVENUE MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 30-0930577	MEDICAL SVCS	NY	NSUH	C					No
CARECONNECT ADMINISTRATIVE SERVICES INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-5182974	ADMIN	NY	GROUP HOLDING	C					No
NORTHWELL FLEXSTAFF INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-0836815	INACTIVE	NY	NSH ENTERPRISE	C					No
FEINSTEIN CENTER FOR BIOELECTRONIC MED 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-2885700	INACTIVE	NY	FESINTEIN	C					No
TRUE NORTH HEALTH MANAGEMENT INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3428274	INACTIVE	NY	HCI	C					No
NARROWS IPA INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 13-3978565	BUSINESS SVC	NY	NSUH	C					No
VIVOHEALTH PLANS INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1164689	INACTIVE	NY	HCI	C					No
FORMATIV HEALTH MANAGEMENT INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3454243	HOLDING CO	DE	FORMATIV INTER	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
FORMATIV HEALTH NEWCO INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3928889	HODLING CO	DE	FORMATIV HOLD	C					No
FORMATIV HEALTH HOLDCO INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3928672	HOLDING CO	DE	FORMATIV HEALTH	C					No
Northwell Quality and Medical Affairs I 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-4113233	INACTIVE	NY	NW HEALTHCARE	C					No
Montauk Risk Retention Group Inc 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-2587942	INSURANCE	NY	N/A	C					No
True North Flexstaff Inc 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-1446568	INACTIVE	NY	NW HEALTHCARE	C					No
Northwell Proton Therapy PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-2766298	INACTIVE	NY	NSUH	C					No
Suite 130 Plastic Surgery PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-1772747	MEDICAL SVCS	NY	LIJ	C					No
Northeastern Anesthesia of New Jersey P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 20-8709500	MEDICAL SVCS	NJ	NSUH	C					No
Brightwaters Gynecology PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-1883445	MEDICAL SVCS	NY	NSUH	C					No